

Celiac Trunk Abnormalities Presenting with Intractable Epigastric Pain-Case Reports

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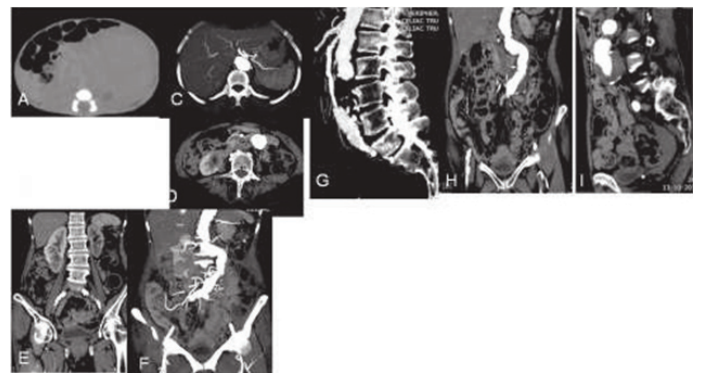
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First case of a 70 year old male with pain abdomen for 3 days, similar symptoms was experienced by the patient in the last 2 years quite a number of times, despite extensive sono-graphic evaluation diagnosis could not be established. On CECT there was absent celiac trunk and CHA and LGA arising separately from the aorta, and splenic artery originating from LGA. There was also presence of aortic aneurysm which is unruptured and having thrombus in its periphery causing grade II luminal narrowing at renal and infrarenal location with infarct seen in the lower pole of right kidney.

Second case was of 65 year old male presented with post-prandial pain epigastrium since long time and again this patient was also evaluated extensively sonographically as well as endoscopically but diagnosis could not be established. CECT images shows indentation of celiac trunk from superior surface with hooked down appearance and non opacification of small segment of celiac artery with mild dilation distally.



CECT Abdomen of the patient showing absent celiac trunk and CHA and LGA arising separately from the aorta, and splenic artery originating from LGA. There is also presence of aortic aneurysm which is unruptured and having thrombus in its periphery causing grade II luminal narrowing at renal and infrarenal location with infarct seen in the lower pole of right kidney

Celiac artery absence

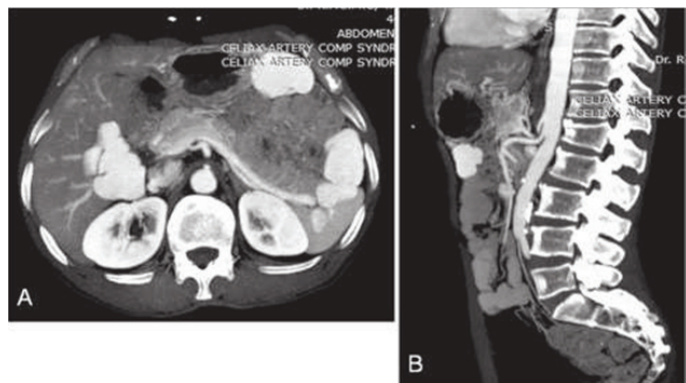
Ambiguous celiac artery with common hepatic artery and left gastric artery originating separately from aorta is a rare anatomical variation.

Clinical presentation

Patients are asymptomatic but such variation holds importance for surgeons and interventional radiologists.

Key imaging diagnostic clues

1. Ambiguous anatomy of celiac axis, its absence and origin of CHA and LGA directly from the aorta



A 65 year male of longstanding history of post prandial pain CECT images shows indentation of celiac trunk from superior surface with hooked down appearance and non opacification of small segment of celiac artery with mild dilation distally.

Celiac artery absence

Ambiguous celiac artery with common hepatic artery and left gastric artery originating separately from aorta is a rare anatomical variation.

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Celiac artery compression syndrome (Dunbar's syndrome)

The median arcuate ligament is a fibrous arch which connect the diaphragmatic curare on either side to the aortic hiatus and is normally positioned superiorly to the origin of celiac artery. If it is positioned low it compresses the celiac artery causing abdominal angina.

Clinical Presentation

Patient present with pain in the epigastrium which is aggravated post-prandial and relieved by standing position.

Key imaging diagnostic clues

1. Images are acquired in end-inspiratory phase.
2. Hooked appearance of celiac trunk which is indented from superior surface.
3. Stenotic segment of celiac artery at the indentation site with post stenotic dilation.
4. Median arcuate ligament thickness >4mm.

Differentials

Indentation of superior surface of celiac trunk is also seen in expiratory phase. Atherosclerotic vascular disease.

Référence

1. Sureka B, Mittal MK, Mittal A, Sinha M, Bhambri NK, Thukral BB. (2013). Variations of celiac axis, common hepatic artery and its branches in 600 patients. *The Indian journal of radiology & imaging.* 23(3): 223.
2. Fahmy D, Sadek H. (2015). A case of absent celiac trunk: case report and review of the literature. *The Egyptian Journal of Radiology and Nuclear Medicine.* 1; 46(4): 1021-4.
3. Horton KM, Talamini MA, Fishman EK. (2005). Median arcuate ligament syndrome: evaluation with CT angiography. *Radiographics.* 25(5): 1177-82.
4. Eyselbergs M, Pilate I, Rombouts H, Vanhoenacker FM. (2010). Images in Clinical Radiology. *JBR-BTR.* 93: 274.
5. Haaga JR, Boll D. *Computed Tomography & Magnetic Resonance Imaging of the Whole Body E-Book.* Elsevier Health Sciences; (2016) Jun 6.
6. Sutton D. *Text Book of Radiology and Imaging.* Churchill Livingstone. London. (2003). 2: 1453-87.
7. Adam A, Dixon AK, Gillard JH, Schaefer-Prokop C, Grainger RG, Allison DJ. *Grainger & Allison's Diagnostic Radiology E-Book.* Elsevier Health Sciences; 2014 Jun 16.
8. Butler P, Mitchell AW, Ellis H, editors. *Applied radiological anatomy.* Cambridge University Press; (1999). Oct 14.

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